# 1. Welcome and Attendees

**Goal of the Grant:** to improve behavioral health outcomes for children and youth (birth through age 21) who meet criteria for SED and their families and who have child welfare involvement. For this project, child welfare-involved families are those for whom a child abuse and/or neglect investigation results in a substantiation or services-needed finding.

**Purpose of the GMIT:** interagency team responsible for management of the grant, oversight of state and local implementation activities, and ongoing communication with the system of care governing bodies.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Amanda Metcalf |  | Jenny Thornhill |  | Mary Carpenter |  | Jess Clouser |
|  | Barb Greene |  | Jessica Ware |  | Michelle Niehaus |  | Felicity Krueger |
|  | Chris Cordell |  | John Broadus |  | Maxine Reid |  | Ashley Peercy |
|  | Beth Jordan |  | Josh Swetnam |  | Melinda Vise |  |  |
|  | Carmilla Ratliff |  | Kenneth Fletcher |  | Micah Blevins |  |  |
|  | Carol Cecil |  | Katie Kirkland |  | Michelle Sawyers |  |  |
|  | Clarissa Allen |  | Katy Mullins |  | Randa Bush |  |  |
|  | Dakota Simmons |  | Kelli Root |  | Sherri Staley |  |  |
|  | David Lohr |  | Kelly Bradshaw |  | Tammi Taylor |  |  |
|  | Dee Dee Ward |  | Kelly Dorman |  | Tracy DeSimone |  |  |
|  | Dyzz Cooper |  | Leslie Hughes Burgess |  | Tevis Duncan |  |  |
|  | Jennifer Warren |  | Lizzie Minton |  | Vestena Robbins |  |  |

= Present  = Absent

# 2. Plan of Safe Care: Lesa Vanderpool and Maggie Schroeder, DBHDID

Program Manager Maggie Schroeder, MA, LCDC of the Adult Substance Use Treatment and Recovery Services Branch, presented on The of Plan of Safe Care Initiative Supporting Families Affected by Substance Use Disorder.

**The of Plan of Safe Care (POSC)** is an individualized plan that addresses the needs of a newborn affected by substance use disorder and their family or caregiver. The POSC identifies how a provider, family, and community can support the safety and well-being of the newborn and person who gave birth. A POSC should be personalized and can address basic needs, identify support systems, and create linkages to necessary services or community-based organizations.

The Child Abuse Prevention and Treatment Act (CAPTA) and Comprehensive Addiction Recovery Act (CARA) are federal regulations requiring the creation of Plans of Safe Care (POSC) to support the health and safety of newborns affected by substance use and their families or caregivers. This initiative promotes the use of POSC as part of the development of a coordinated, Recovery-Oriented System of Care (ROSOC).

**Recovery Oriented System of Care (ROSOC)**

* Person Centered, Self-directed & Strength based
* Includes clinical services and alternative therapy, housing supports, childcare support, and multiple options so individuals can make informed decisions
* Collaborative leadership/Multi System Care Team Approach
* Emerged from the efforts of persons with mental health and/or substance use disorders who advocated for services to go beyond the reduction of symptoms and substance use to promote a life in the community
* Accessible services on a continuum of care intentionally designed to engage and retain clients
* Incorporate recovery-oriented values and principles

Best practices for pregnant and parenting families with SUD from SAMHSA were shared including care at the time of pregnancy, at the time of delivery and for post-natal care. Find more information here: <https://ncsacw.samhsa.gov/topics/pregnant-postpartum-women.aspx>

The goal is for **families to thrive** not just not do drugs.

**Discussion**

**What data is shared with SAMSHA?**

There are currently 10 community mental health centers (CMHCs) implementing this approach with support and training. This is a structural, system change. The initiative supports providers through training on SUD. DCBS does the reporting for CAPTA.

* [DCBS team member from the chat] For CAPTA and POSC, DCBS reports yearly in the annual progress and services report (APSR) and published annually a yearly update for the Child and Family Services Plan (CFSP).

**Who should we refer to if we have a client that falls into this population of focus?**

You can refer to your local CMHC, all CMHC’s offer The KY MOMS program which do prevention work for pregnant women and women at risk

**More information shared**

* The Department advocates for universal screening tool for new mothers, as opposed to drug testing. The testing does not accurately report substance use disorder which impacts every aspect of a person’s life. Testing can only detect if a substance is identified in the patient’s system.
* Working on a training of trainers for Screening/Brief Intervention to Referral Treatment (this training will be for non-clinical staff to assess patients for substance use disorder)
* The department also coordinates with the Opioid Response Network (KORE) to offer free training

For more information on the statewide program, KY MOMS, please contact KY MOMS Program Administrator: [Katie.Stratton@ky.gov](mailto:Katie.Stratton@ky.gov)

## Action Items

Task Description Person Responsible Deadline

Please share the information with others SGMIT ongoing

# 3. Follow up NOMs Disparity Dashboard Discussion, Jess Clouser, UK HDI

The evaluation team created a NOMs disparity dashboard tool to assess potential disparities in administration of NOMs baseline and reassessments. The tool will be used to ensure the grant is serving representative portions of the focus population and to provide actionable data to ensure equitable provision of SOC FIVE services. Collected NOMs data is compared to the demographic breakdown of school age children in the SOC FIVE regions. UK HDI has requested in-home DCBS data for the SOC FIVE regions to use as basis for comparison; hopeful to make this change in the dashboard in early 2023.

* Races are mutually exclusive meaning only one selection can be made
* White, non-Hispanic individuals are overrepresented
* To date no black individuals have received a reassessment (6-month follow up NOM)
* Not everyone stays in the program to be eligible to receive a reassessment, so the team looked at **reasons for discharge** based on **demographic groups**.
  + Among white, almost a third of discharges were due to ‘cessation of treatment’ while the comparison group [all other races] denoted ‘withdrew from treatment’, ‘other’, or ‘No contact within 90 days’
  + ‘Other’ was identified as a common response, so we have been working with providers to understand what “other” means. This conversation has brought up questions about NOMs discharge status response options. Some options could benefit with more clarity for example ‘No contact within 90 days of last encounter.’ It was recommended that the evaluation team add an open text field to the discharge section of the survey used to collect NOMs to capture more context about each discharge from SOC FIVE services. The goal is to ensure that the model is equitable/well implemented.

**Discussion**

* Team members commented that they like that this information is being discussed with providers
* If the team begins to see themes, the evaluation team can recode ‘other’ to something more applicable
* The data will be updated quarterly
* Discharge status helps us understand the experiences of non-white SOC FIVE participants. The data indicates that they are discharged at a higher rate and the reason is ‘withdrew’ or ‘lack of contact’. The numbers are small, but it helps us understand engagement across populations.

## Action Items

Task Description Person Responsible Deadline

Please reach out with ideas/questions SGMIT ongoing

Discuss with providers during Touch Base SOC FIVE Staff Ongoing

# 4. SOC FIVE Updates

**RIAC Community Survey**

* Please share with parents and youth, the survey closes January 31, 2023
* A Spanish version is now available, please reach out to Maxine with any questions
* Results are anticipated in Spring 2023

**Racial Equity Change Team (RECT)**

* Active monthly group has been working together for a year and a half
* Works from an action plan, incorporate guest speakers, engage RGMITs in discussion on equity and provide training for broader SOC FIVE groups
* Dr. Brandy Kelly Pryor will continue collaborating with this team in 2023

To join the grant's RECT, contact [tammi.taylor@ky.gov](mailto:tammi.taylor@ky.gov) The group meets on the last Wednesday of the month however the next meeting was moved to **January 25th at 1:30**

**Another SOC Grant from SAMHSA will be released soon.**

**SOC Summit, Better Together: Building Systems that Care**

<https://nttacmentalhealth.org/soc-summit-2023/>

May 10-11, 2023. Due 1/24/23, proposals are enthusiastically welcomed from everyone with experience in:

* + implementing, evaluating, or sustaining a System of Care approach.
  + addressing the mental health needs of children and their families, especially those with diverse cultural backgrounds and/or with lived experience

The summit will highlight best practices, successful collaborations and innovations, lessons learned, and solutions to challenges in these specific focus areas:

* Justice, Equity, Diversity, and Inclusion in System of Care
* Cross-Sector Partnerships (Schools, Juvenile Justice, Child Welfare, Community Organizations, and Primary Care Settings)
* Youth Partnership in Practice, Evaluation, and Policy (youth engagement, leadership, shared power, governance structures, etc.)
* Family Partnership in Practice, Evaluation, and Policy (engagement, leadership, shared power, etc.)
* Emerging Topics

**Interactive Trauma-Informed Care Training** (Dec 15th )

Dr. Lewis O’Connor was a speaker at that KY Perinatal Quality Collaborative (KyPQC) Fall Annual Meeting in October. She is returning to lead a two-hour interactive session training providers how to apply principles of trauma informed care in a clinical care setting. This is a virtual event, and everyone is invited to participate. Registration is available by accessing the following link: <https://us06web.zoom.us/meeting/register/tZEqfuupqzguG9SDrmXYTnCQhR0J7j6kC3Ub>

## Action Items

Task Description Person Responsible Deadline

Please share the information with others SGMIT ongoing

# 5. Agency Updates

DBHDID

* SOC FIVE Family Engagement Coordinator position interviews completed.

KPFC

* Kentucky Family Leaders Academy – Jan 30-Feb 1. Virtual March 13-17 certification training
* Working on MOU for upcoming work related to KY SEAT [Birth Parent Advisory Council]

Tevis, SGMIT Parent Representative, reported that her extended family was affected by a recent fire in Louisville resulting in the death of a loved one. If you can, please share any community or national resources related to trauma, grief, bereavement, family resources, etc. The team shared their condolences and made connections in chat. If you would like to reach out to support Tevis, please contact her at: [tevisdee@gmail.com](mailto:tevisdee@gmail.com)

## Action Items

Task Description Person Responsible Deadline

n/a

**Next Meeting:** January 13th, 2023, 10:00am – 12:00pmvia Zoom: [State GMIT Meeting](https://us02web.zoom.us/j/82154195143?pwd=anYrVjlJRXQ4ejgxaDRYeDFCQ0IrUT09)

**Reminder:** You can find notes for all GMIT meetings as well as the CQI Dashboards and Interactive Map on the SOC FIVE Website**:** [**https://socv.hdiuky.net/**](https://socv.hdiuky.net/)

Family & Youth Reps complete for meeting time reimbursement: [**https://www.surveymonkey.com/r/Attend\_Meeting**](https://www.surveymonkey.com/r/Attend_Meeting)